	- ; -	*****	•			,*	Sille		SECIN	TV		*****		
should lent of						e of de		Arizo	ona State	e Bo	ard of Hea	alth	-	PFO
ery item ANS shors statement	1.	PLA	CE OF	DEAT	H F	c, on I	₹.		BUREAU OF				State File No	
-= 70 E									tateARIZONA Registered No					
Every [CIAN; t state		CitySan Carlos								or Villageer				
ရုံင္သြန္း ရုင္သြန္း		City	***********	OHII	veli	.0.8	If death oc	curred i	in a hospital or	institut	ion, give its NAM!	E instead o	f street and num	oer)
D. E. HYSIC Exact	L	ength	of resi	dence ir	city	or town w	here death	occurre	d yrsmo	ds,	How long in U. S.	if of foreig	zn birt h ?yrs	som
्रिक्ष भू	2.	2. FULL NAME Salemus Mason								How long in State when death occurred? . 32 yrsmosds.				
RECORD. A. PHI ified. Ba	(a) Residence: Pan Uarlos, Arizona (Usual place of abode)									(If non-resident) give city or town and state)				
NT RECICTLY. classified.	_	PERSONAL AND STATISTICAL PARTICULARS								MEDICAL/CERTIFICATE OF DEATH				
NENT REEXACTLY. rly classifie	3.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-								21. DATE OF DEATH (month, day, and year) 8-4, 19 44				
ANENT EXAC rly cla	ì.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID-OWED, or DIVORCED. (Write Apache4/4he word) Married								22. I HEREBY CERTIFY, That I attended deceased from				
ر تو چ	5a. If married, widowed, or divorced											19 to		19
PERM stated e prop	_	HUSBAND of Helen Mason								I last	saw h alive	on	1	9; death is
خ آم. ۱	-			OF BIRTH (month, day, and year) 1912						said to have occurred on the date stated above, atim.				
IS A IS A Id be may	7.	. AGE	•	Year	_	Months	Day	y B	If LESS than 1 day,brs.	The r	principal cause of ortance were as fol	death and : llows:	related causes of	Date of Onset
	.	11 0		/ 3					ormin.				******	
THIS I should at it m	TION	8. Trade, profession, or particular kind of work done, as spinner, Lacorer sawyer, bookkeeper, etc.					ŗ		erebral Hemo					
		31 9. Industry or business in Which							G)	unshot round	d	**	Immediate	
AGE So tha		10	work was done, as silk mill, on Reservation 10. Date deceased last worked at 11. Total time (years)									***************************************		
			this o	cupatio	n (m	onth and	1	spent i	n this	Other		causes of importance:		
MAKGIN F UNFADING Illy supplied. plain terms tant.	1	12. BIRTHPLACE (city or town) San Carlos, A (State or Country) Arizona										-		
FADI FADI supp ain t	7	•											·	
7 H 2 4 C	FATHER	13. NAME No Record								•	*			
2.5 50	FAT	14. BIRTHPLACE (city or town) Mo Record (State or Country)							ecord		of operation			
Care Care TH imp	├ ─	(butter of country)									test confirmed dia: death was due to e			
	4 25	15. MAIDEN NAME No Record								28. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide				
~ ~ E €	X.O	16. BIRTHPLACE (city or town) No Record (State or Country)							ord	Where	did injury occur	ر یا تور توبوس	ARLOS GILA city or town, cou	
NLY lould OF J	1	17. INFORMANT Census Book								Specify	whether injury o	ccurred in	industry, in hom	e, or in public
A B B O	1	18. BURIAL, CREMATION, OR REMOVAL BUTIEL Place San Carlos Date 3-5, 19.44								place	place Honze Manner of injury 5475407			
F in Fig.	L									Nature of injury				
WRITE nformati tate CA Son	,	9. EM	9. EMBALMER {License No. Hone								24. Was disease or injury in any way related to occupation of de-			
WRIT inform state OCCI	1	9. EMBALMER Signature None FUNERAL Pione									7	_		
▼ 出 報 ○		Ad	dress				None	********	<u>)</u>	If no,	specify	1 1/2	141	
ല്	2	0. Fil	ed8	-18-	44	, 19		· //	rel	(Si	E m c e 1 ()			Pt. D.
zi	_						. C C	(R.	Registrar	le to he	(Address)			